

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90440 036 ***150.00

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DOCUMENT # F00000001153
1. Entity Name
J.P. MORGAN TREASURY TECHNOLOGIES CORPORATION



Principal Place of Business
**10410 HIGHLAND MANOR DRIVE
TAMPA FL 33610**

Mailing Address
**C/O THE CHASE MANHATTAN BANK
270 PARK AVENUE - 35TH FLOOR
NEW YORK NY 10017**

11001314



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
13-4102204

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	ZUTTER, JOHN D
STREET ADDRESS	1 CHASE MANHATTAN PLAZA, 10TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10081
TITLE	D <input type="checkbox"/> Delete
NAME	HRICK, LORRAINE E
STREET ADDRESS	4 CHASE METROTECH CENTER, 23RD FLOOR
CITY-ST-ZIP	BROOKLYN NY 11245
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WEBB, SUSAN J
STREET ADDRESS	4 CHASE METROTECH CENTER, 23RD FLOOR
CITY-ST-ZIP	BROOKLYN NY 11245
TITLE	D <input type="checkbox"/> Delete
NAME	SPRAGINS, MELCHIJAH JR.
STREET ADDRESS	4 CHASE METROTECH CENTER, 10TH FLOOR
CITY-ST-ZIP	BROOKLYN FL 11245
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	CARROLL, ROBERT C
STREET ADDRESS	270 PARK AVENUE, 35TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	PD <input type="checkbox"/> Delete
NAME	COHEN, IRVING I
STREET ADDRESS	10420 HIGHLAND MANOR DRIVE 5TH FL
CITY-ST-ZIP	TAMPA FL 33610

TITLE	D <input type="checkbox"/> Change, <input checked="" type="checkbox"/> Addition
NAME	Monaco, Julie A.
STREET ADDRESS	1 Chase Manhattan Plaza, 10th Floor
CITY-ST-ZIP	New York, NY 10081
TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Berry, James C.P.
STREET ADDRESS	270 Park Avenue, 35th Floor
CITY-ST-ZIP	New York, NY 10017
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)